

02-11-08

1Kw 3628 #



PTO/SB/21 (01-08)
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| | | | |
|--|----------------------|------------------------|-------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 08/977,846 |
| | | Filing Date | November 25, 1997 |
| | | First Named Inventor | John O. RYAN |
| | | Art Unit | 3628 |
| | | Examiner Name | I. Borissov |
| Total Number of Pages in This Submission | 67 + 2 References | Attorney Docket Number | 549222000101 |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (2 pages) (dup copy for fee <input type="checkbox"/> Fee Attached process) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Amendment/Reply (35 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Information Disclosure Statement - Supplemental (3 pages) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08a/b + copy (2 pages); 2 References; Declaration of Charles H. Jablonski (16 pages) and Charles H. Jablonski Exhibits A-L; Declaration of Donald F. Boque (7 pages) and Donald F. Bogue Exhibits A-I; Return Receipt Postcard |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Request for Refund | |
| | <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (Customer No. 25226) | | |
| Signature | | | |
| Printed name | Norman R. Klivans | | |
| Date | February 7, 2008 | Reg. No. | 33,003 |

| | |
|---|--------------------------------|
| I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 582592297 US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | |
| Dated: February 7, 2008 | Signature: (Sarah J. Jeromin) |



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| | | | |
|---|--|--------------------------|-------------------|
| FEE TRANSMITTAL For FY 2008 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Complete if Known | |
| | | Application Number | 08/977,846 |
| | | Filing Date | November 25, 1997 |
| | | First Named Inventor | John O. RYAN |
| | | Examiner Name | I. Borissov |
| | | Art Unit | 3628 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 1,680.00 |
| | | Attorney Docket No. | 549222000101 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | 0.00 |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | 0.00 |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | 0.00 |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | 0.00 |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|-----------|---------------|
| 57 | - 48 = 9 | x 50.00 = | 450.00 |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|------------|---------------|
| 2 | - 6 = 0 | x 210.00 = | 0.00 |

HP = highest number of independent claims paid for, if greater than 3.

| Multiple Dependent Claims | |
|---------------------------|---------------|
| Fee (\$) | Fee Paid (\$) |
| 370.00 | 0.00 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = 0 | /50 = 0 | (round up to a whole number) x | 260.00 | 0.00 |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month | 1,050.00 |
| 1806 Submission of an Information Disclosure Statement | 180.00 |

| | | | |
|---------------------|-------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 33,003 |
| Name (Print/Type) | Norman R. Klivans | Telephone | (650) 813-5850 |
| | | Date | February 7, 2008 |